

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>CH</i>	<i>62814</i>	<i>2/28/00</i>
O.I.P.E. CLASSIFIER	<i>CH</i>	<i>19</i>	<i>3/9</i>
FORMALITY REVIEW		<i>69916</i>	<i>5/10/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓		
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16	✓		
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22	✓		
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42	✓		
43	✓		
44	✓		
45	✓		
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Claim	Final	Original	Date
51	✓		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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